

SS SB 668 -- ORAL CHEMOTHERAPY PARITY

Beginning January 1, 2015, this bill requires any health benefit plan that provides coverage for cancer treatment to provide coverage of prescribed orally administered anticancer medications at least as favorably as intravenously administered or injected anticancer medications. Coverage of orally administered medication must not be subject to any prior authorization, dollar limit, co-payment, deductible, or other out-of-pocket expense that does not apply to intravenously administered or injected cancer medication, regardless of the formulation or benefit category determination by the company administering the plan. A change in coverage that increases the out-of-pocket costs of anticancer medication must be applied to the majority of comparable medical or pharmaceutical benefits covered by the plan.

The total amount paid by a covered person must not be more than \$75 for a 30-day supply of any orally administered anticancer medication. On January 1, 2016, and on January 1 of each year thereafter, a health plan may adjust the limit but it cannot exceed the federal Consumer Price Index for that year. When a health benefit plan meets the specified definition of a "high deductible health plan," the provisions of the bill will only apply after a covered person's deductible has been satisfied for the year.